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## PROSPECTIVE PETITION

FOR City of Elgin (X) INITIATIVE MEASURE  
(Enter "City," "County," or "Special District") ( ) REFERENDUM

To: City Elections Officer  
(Title of Election Officer)

We, the undersigned, request that the City Attorney prepare a ballot title for the  
(District Attorney or City Attorney)  
attached proposed measure to be submitted to the people of

City of Elgin  
(Name of City, County or District)

for their approval or rejection at the election to be held on August 11, 19 88.

### DESIGNATING CHIEF PETITIONERS (ORS 250.165, 250.265, 255.135)

Every petition shall designate not more than three persons as chief petitioners, setting forth the name, residence address and title (if officer of sponsoring organization) of each.

1. NAME (PRINT): Howard L. McDonald SIGNATURE: Howard L. McDonald  
Residence Address: 635 Birch St.  
Mailing Address (if different): POB 713  
City, State, Zip Code: Elgin, OR 97827 PHONE: (503) 437 3132  
(Sponsoring organization, if any) None
2. NAME (PRINT): Joseph Garlitz SIGNATURE: Joseph Garlitz  
Residence Address: 1040 Hatford  
Mailing Address: (if different): Box 1032  
City, State, Zip Code: Elgin, OR 97827 PHONE: (503) 437 9682  
(Sponsoring organization, if any) None
3. NAME (PRINT): Jessie M. McDonald SIGNATURE: Jessie M. McDonald  
Residence Address: 635 Birch  
Mailing Address: (if different): POB 713  
City, State, Zip Code: Elgin, OR 97827 PHONE: (503) 437 3132  
(Sponsoring organization, if any) None



REFER TO INSTRUCTIONS  
ON REVERSE SIDE

STATEMENT OF ORGANIZATION  
AND  
APPOINTMENT OF POLITICAL TREASURER  
(ORS 260.042)

☒ ORIGINAL  
☐ AMENDMENT See 1a

|                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Complete Name of Committee:<br>Concerned and Interested Citizens of Elgin<br>Abbreviation or Acronym:                                                                                                                                                                                              |  | 2. This committee intends to be active in the following:<br><input checked="" type="checkbox"/> PRIMARY 19 <u>88</u> <input checked="" type="checkbox"/> OTHER <u>August 31, 1988</u><br>(Date)<br><input type="checkbox"/> GENERAL 19 <input type="checkbox"/> CONTINUOUS<br><input type="checkbox"/> Discontinue: No longer active                                           |  |
| 1a. Previous Name of Committee (If Changed) <u>None</u>                                                                                                                                                                                                                                               |  | 4. How does committee intend to solicit funds?<br><input type="checkbox"/> Direct Mail <input type="checkbox"/> Personal Contact <input type="checkbox"/> Banquets<br><input type="checkbox"/> TV Commercials <input type="checkbox"/> Newspaper Ads <input type="checkbox"/> Radio<br><input checked="" type="checkbox"/> Other <u>Among ourselves as needed for supplies</u> |  |
| 3. Nature of Committee: (i.e., Principal interest represented and/or name of organization, corporation, company, union, etc.).<br>Concern with city government and affairs                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                |  |
| 5. Address (Address must be of a residence, office, headquarters or similar location where committee or officer thereof may be conveniently located) (ORS 260.042(a)).<br>Street or Rt. No. <u>POB 713 (635 Birch St)</u> City <u>Elgin, OR</u> Zip Code <u>97827</u> Telephone <u>(503) 437 3132</u> |  |                                                                                                                                                                                                                                                                                                                                                                                |  |

NOTE: All correspondence will be sent to treasurer's mailing address as shown below. Any address change must be reported on an amended SED 221 within 10 days of change.

|                                                                                                                                    |  |                                                                                              |  |                                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| 6. Name of Committee Treasurer<br><u>Jessie M. McDonald</u>                                                                        |  | Mailing Address and Zip Code<br><u>POB 713 Elgin, OR 97827</u>                               |  | Telephone (503)<br>Home: <u>437 3132</u><br>Business: <u>963 1019</u> |  |
| 7. Names of Committee Directors<br><u>Howard L. McDonald</u><br><u>Joseph Garlitz #2 B 1032 (1040 Hartford)</u>                    |  | Address and Zip Code<br><u>POB 713 (635 Birch) Elgin, OR 97827</u><br><u>Elgin, OR 97827</u> |  | Occupation<br><u>Carpenter/Contractor</u><br><u>Engineer</u>          |  |
| 8. If two or more directors of this political committee are also directors of other political committee(s), complete this section: |  |                                                                                              |  |                                                                       |  |
| Name of Directors                                                                                                                  |  | Names and Addresses of Other Committees                                                      |  |                                                                       |  |
|                                                                                                                                    |  |                                                                                              |  |                                                                       |  |

|                                                                                                                                                                                    |  |                                                   |  |                                                                                                                                                  |  |                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|
| 9A. SUPPORTING OR OPPOSING SPECIFIC CANDIDATE(S):<br>List by name, office sought, and party affiliation, any candidate for public office this committee is supporting or opposing. |  | 9. PURPOSE OF COMMITTEE                           |  | 9B. SUPPORTING OR OPPOSING A MEASURE(S) OR PROPOSED MEASURE(S):                                                                                  |  |                                                              |  |
| Full name of Candidate / Office Sought / Party                                                                                                                                     |  | Support / Oppose                                  |  | Measure Title / Date of Election                                                                                                                 |  | Support / Oppose                                             |  |
| 1. _____                                                                                                                                                                           |  | <input type="checkbox"/> <input type="checkbox"/> |  | 1. <u>ELECTIVE CITY RECORDER / ADMINISTRATOR POSITION 8/9/88</u>                                                                                 |  | <input checked="" type="checkbox"/> <input type="checkbox"/> |  |
| 2. _____                                                                                                                                                                           |  | <input type="checkbox"/> <input type="checkbox"/> |  | 2. _____                                                                                                                                         |  | <input type="checkbox"/> <input type="checkbox"/>            |  |
| 3. _____                                                                                                                                                                           |  | <input type="checkbox"/> <input type="checkbox"/> |  | 3. _____                                                                                                                                         |  | <input type="checkbox"/> <input type="checkbox"/>            |  |
| 9C. SUPPORTING OR OPPOSING ENTIRE TICKET OF A PARTY:<br>Name of Party                                                                                                              |  | Support / Oppose                                  |  | 9D. <input type="checkbox"/> Miscellaneous: Committee intends to support or oppose various candidates or measures to be determined per election. |  |                                                              |  |
| _____                                                                                                                                                                              |  | <input type="checkbox"/> <input type="checkbox"/> |  |                                                                                                                                                  |  |                                                              |  |

|                                                         |  |                         |  |
|---------------------------------------------------------|--|-------------------------|--|
| 10. Treasurer's Signature:<br><u>Jessie M. McDonald</u> |  | Date:<br><u>3/21/88</u> |  |
|---------------------------------------------------------|--|-------------------------|--|

Any change in information in this statement of organization must be reported on an amended statement of organization, SED Form 221, within 10 days of the change. If additional space is needed use the back of this form. Designate number of section(s) being completed. Please submit completed form in duplicate. Dated copy will be returned as an acknowledgement of your filing.

OFFICE USE ONLY



STATEMENT THAT PETITION CIRCULATORS WILL BE PAID

I/we hereby declare that one or more persons will be paid money or other valuable consideration for obtaining signatures of electors on the attached petition/certificate. I/we understand that the filing officer must be notified not later than the 10th day after I/we first have knowledge or should have had knowledge that no person is being paid for obtaining signatures.

Date \_\_\_\_\_ Signed: \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Candidate or committee name, or subject of initiative or referendum petition

\*Statement must be signed by:

- a) candidate for petition for nomination;
- b) chief petitioners for initiative or referendum petition;
- c) chief sponsor for recall petition;
- d) chief sponsor for certificate of nomination;
- e) chief sponsor for minor political party formation petition.

STATEMENT THAT PETITION CIRCULATOR WILL NOT BE PAID

I/we hereby declare that no person will be paid money or other valuable consideration for obtaining signatures of electors on the attached petition/certificate. I/we understand that the filing officer must be notified not later than the 10th day after I/we first have knowledge or should have had knowledge that any person is being paid for obtaining signatures.

Date 3/21/88 Signed: \* James H. MacDonald  
Howard L. MacDonald  
\_\_\_\_\_

\_\_\_\_\_  
Candidate or committee name, or subject of initiative or referendum petition

\*Statement must be signed by:

- a) candidate for petition for nomination;
- b) chief petitioners for initiative or referendum petition;
- c) chief sponsor for recall petition;
- d) chief sponsor for certificate of nomination;
- e) chief sponsor for minor political party formation petition.